

Tuberculosis Clinic-Laboratory Interface Continuous Quality Improvement (CLICQ!) Project Implementation in Nigeria

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01 Background/Introduction

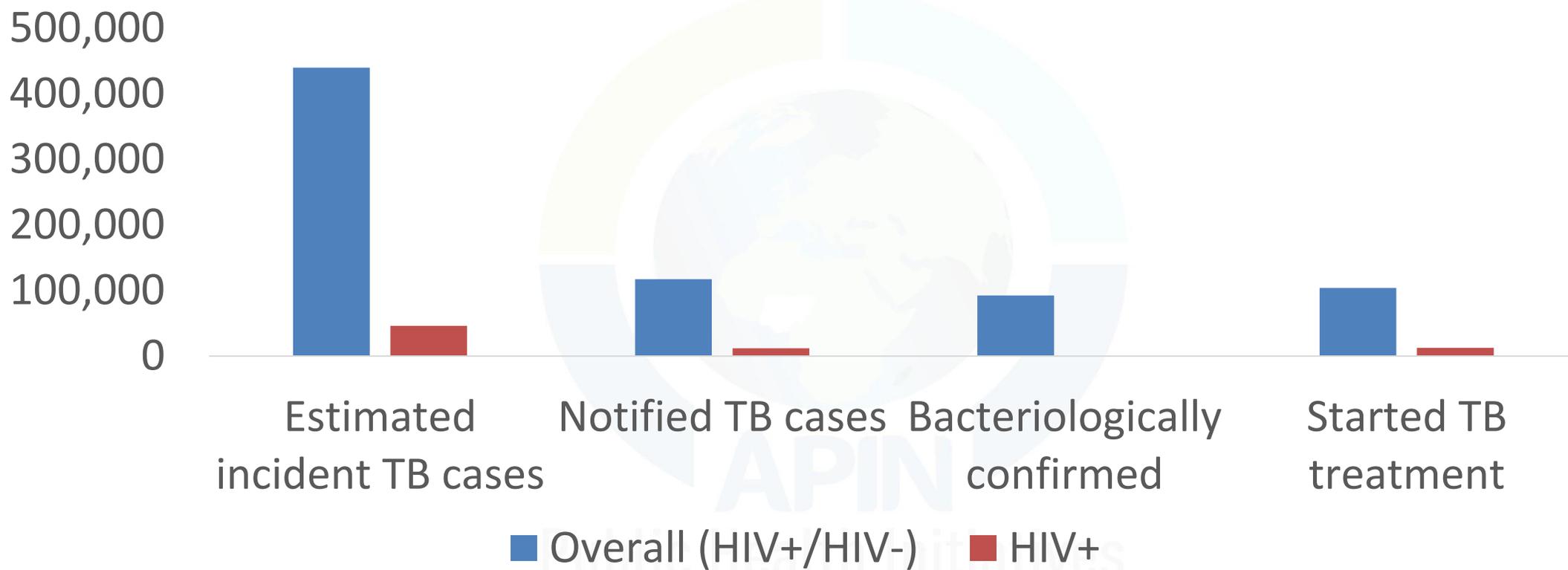
02 Implementation Approach

03 Achievement

04 Lessons Learnt

05 Key Messages

WHO Nigeria Data:2018



Notable gaps occur between steps where patients and/ or specimens transit between HIV and TB clinics, TB laboratories and TB treatment centers

***Project Name:**

Tuberculosis Clinic-Laboratory Interface Continuous Quality Improvement (TB-CLICQ!)

***Partnerships:**

National/State TB and HIV Programs, CDC, IRESSEF

***No of States:**

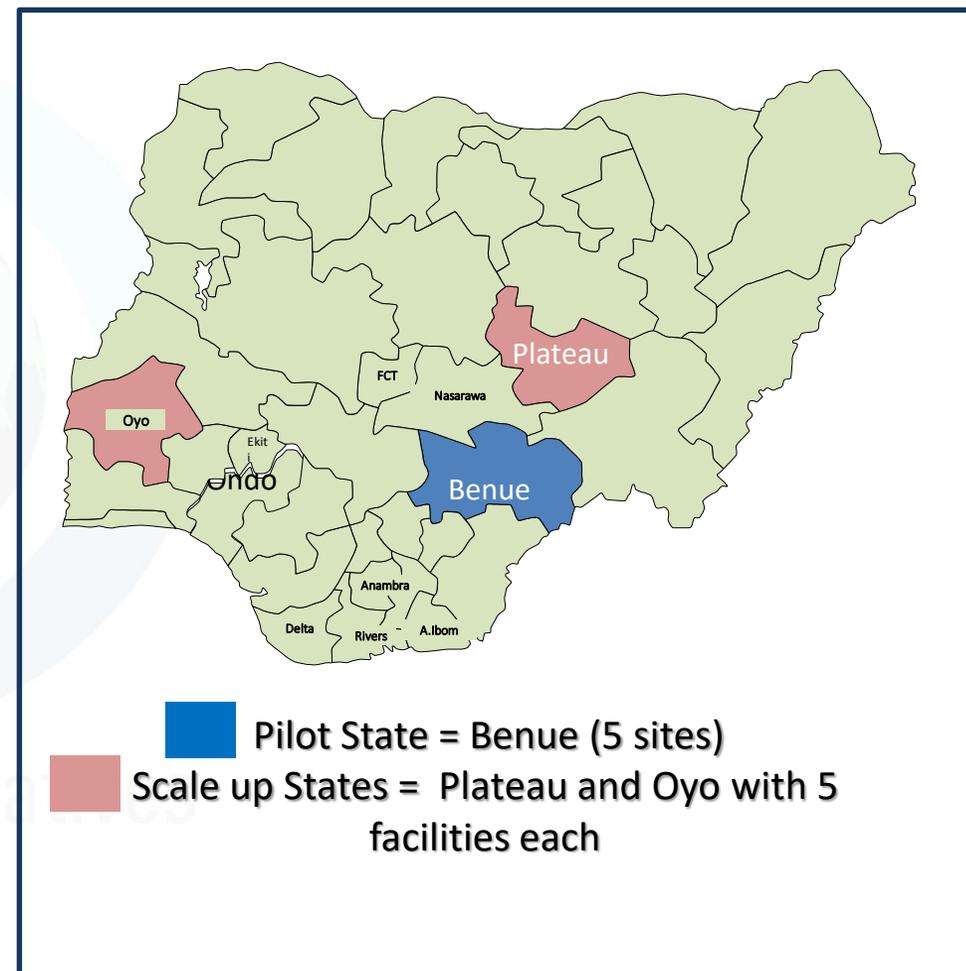
1 + 2

***No of facilities:**

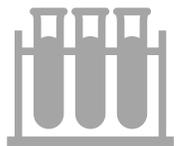
5 Facilities + 10

***Funded by*:**

CDC/IRESSEF



Project Objectives



Obj 1

Increase the number of persons with presumptive TB receiving timely TB testing and results



Obj 2

Increase the number of people initiated on TB treatment



Obj 3

Increase the number of people initiated on TB preventive treatment by increasing capacity to rule out active disease



Obj 4

Reduce TB diagnostic cascade turnaround times



Public Health Initiatives

CLICQ! Implementation Approach/Timelines

Activities	May 2019	June 2019	July 2019	Aug 2019
Pre workshop preparations				
DiCE Entry Assessment				
Workshop 1				
TA Vist				
Workshop 2				
TA Visit				
Workshop 3				
TA Visit				
Follow-up Assessment				



Public Health Initiatives

CQI Workshops

Workshops are held including participants from National and State-level TB and HIV programs, ART clinic, TB clinic, lab, and M&E staff. Participants:

- Examine results of the DiCE assessments
- Complete process mapping and learn principles of CQI
- Identify improvement projects and metrics to monitor weekly site progress

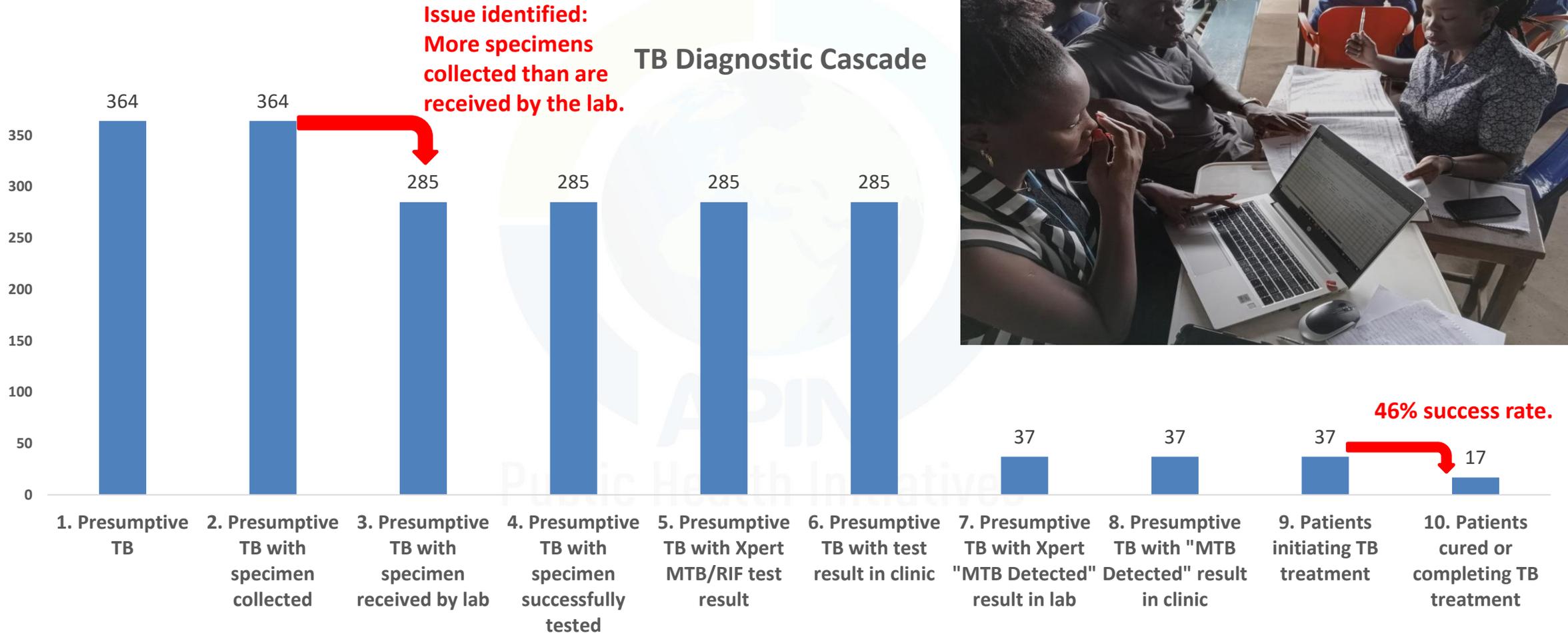




Put

DiCE Tool – Example Cascade Analysis

Figures are auto-populated from job aids.





Public Health Initiatives

CLICQ! Impact: Improvement Projects

First Improvement Project on referral interface

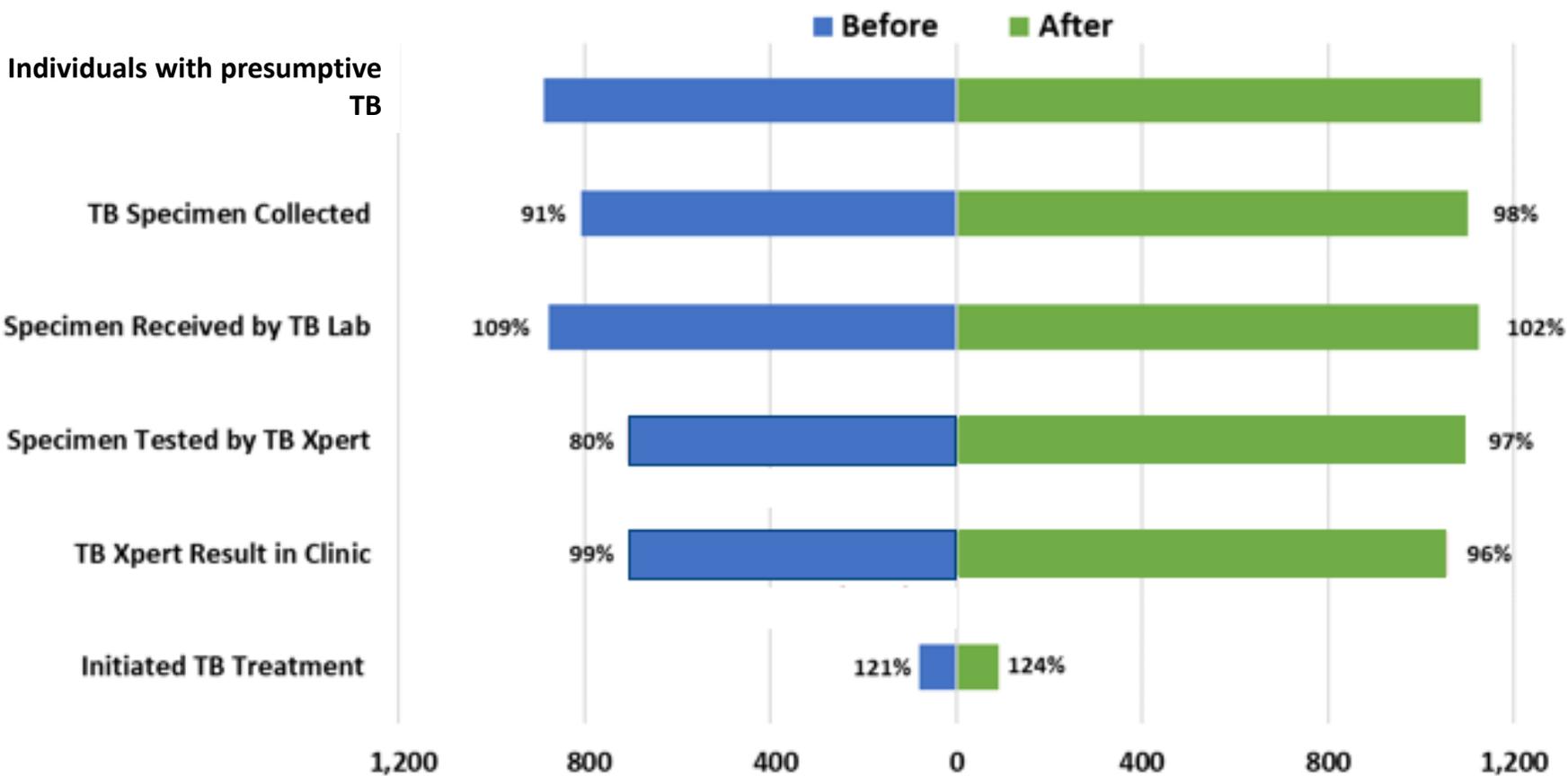
Clinics	Gaps	Before	After	# Additional Patients
Clinic 1	Patient referral records	59%	100%	+ 100
Clinic 2	Specimen collection	79%	96%	+ 147
Clinic 3	Patient referral records	103%	104%	- 8*
Clinic 4	Patient referral	87%	100%	+ 59
Clinic 5	Specimen referral	70%	100%	+ 29
TOTAL			+20%	+ 327

* More presumptive TB patients with specimen received in the lab than was documented in the clinic TB Presumptive register



CLICQ! Pilot Results in Nigeria

Diagnostic Cascade Retention Pooled Across CLICQ! Sites in Benue State



- Over the 4-month pilot in Nigeria, improvement was observed across all sites
- 27% increase in total # with presumptive TB
- 25% increase in number of TB treatment initiations
- Percent with a specimen collected increased from 91% to 98%
- Percent with a specimen tested by Xpert increased from 80% to 97%



Public Health Initiatives

CLICQ! Success and Scale-Up in Nigeria

- Due to success of CLICQ!, all Nigeria CDC IPs that support TB/HIV patient management have updated their operational scopes of work to include CLICQ!
- As of 2020, CLICQ! has been taken up by the Nigerian NTP and incorporated into routine site visits and assessments.
- CLICQI is being scaled up to other states in a phased approach with support from CDC partners.
- CLICQI is being integrated into routine CQI program (State CQI Multidisciplinary Teams has been established).



Public Health Initiatives

Key Messages

- Gaps exist along the TB treatment cascade, and these affect the quality of TB services.
- These gaps are usually not recognized because HCW providing TB services are not working as a multidisciplinary team.
- As a structured and mentorship-based program CLICQ! helps facilities to continuously improve the lab-clinic interface.
- It brings together ART clinic, TB clinic and TB laboratory staff at the facility level as a team.
- Improvements are easier achieved working together as a team.
- It brings together facilities in a 'collaborative' to share experiences, successes, challenges and instill healthy competition.

- Human resource challenges / high work load
- Incomplete data and entry errors at facility level
- Inadequate commitment on CQI activities
- Absence of facility CQI teams in some facilities

Acknowledgements

- National TB and Leprosy Control Program (NTBLCP)
 - National AIDS and STD Control Program (NASCP)
 - Benue State Government
 - CDC Atlanta and Nigeria
 - IRESSEF/ASLM

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THANK YOU

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